Combined Declaration For Patent Application and Power of Attorney								ATTORNEY DOCKET 85173SHS					
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
EXTERNAL CAVITY ORGANIC LASER The apprilipation of which (check only one item below):													
The specification of which (check only one item below):													
is attached hereto. X was filed as United States Application Serial No. US 10/272,611 on 16 October 2002 and													
was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment													
referred to above.													
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.													
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's													
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below													
and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which													
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:													
COUNTRY		PPLICATION NUMBER		DATE OF FILING		PRIORITY CLAIMED UNDER 35 USC §119							
(# PCT, indicate PCT)				(month/day/year)			YES		NO				
						7	YES		NO				
							YES		NO				
I hereby claim the benefit under Titl	le 35, United St	tates Code, 119 §(e)) of an	y United States provisional	application	(s) listed	below:						
PRIOR PROVISIONAL APPLIC	ATION(S) AN	D ANY PRIORITY	CLA	IMS UNDER 35 U.S.C.	§119 (e):								
PROVISIONAL APPLICATION NUMBER						ontr/day/year)							
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:													
PRIOR US APPLICATIONS OR 35USC§120:	PCT INTERN	IATIONAL APPLI	CATI	ONS DESIGNATING TH	E U.S FOF	BENEI	FIT UNDER						
U.S. APPLICATIONS					STATUS (Check one)								
U.S. APPLICATION NUMBE	U.S. FILING DATE		PATENT	ED	PENDING	ABA	NDONED						
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PCT	APPLICATIONS D	ESIGNATING THE U.S.											
PCT APPLICATION NO. PCT FILE		ING DATE U		J.S. SERIAL NUMBERS ASSIGNED (if any)									
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Co	Combined Declaration F r Patent Application and Power of Attorney (Continued) ATTORNEY DOCKET 85173SHS										
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or											
agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute											
this application and transact all business in the Patent and Trademark Office connected											
therewith.											
Send Correspondence to: Direct Telephone Calls to:											
Se	na Correspo	Patent 1	off		(name and telephone number)						
Eastman Kodak Comp 343 State Street						Stephen H. Shaw					
Rochester, NY 140					(585) 477-	7419					
		Roches	iei, iv i	14030-2201	FAX: (58:	FAX: (585) 477-4646					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN N	AME					
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2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)					
		that all statements made herein of	my own kn	owledge are true and that all statements	made on information as	nd belief are believed to be					
true	e: and further	that these statements were mad	e with the l	knowledge that willful false statements	s and the like so made	are punishable by fine or					
	orisonment, or reon.	r both, under 18 U.S.C. 1001, and	i that such v	villful false statements may jeopardize	the validity of the appli	cation or any patent issued					
	NATURE OF IN	VENTOR 201	SIGNATION	OF INVENTIOR 202	SIGNATURE OF INVENTO	OR 203					
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SIGNATURE OF INVENTOR 204			SIGNATURE	OF INVENTOR 205	SIGNATURE OF INVENTOR 206						
Solu Kjoon liour											
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